



NSW CAG INFO_LINK

AN INITIATIVE OF NSW CONSUMER ADVISORY GROUP
MENTAL HEALTH INC.

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ABN 82 549 537 349

Chairpersons Report

I would like to wish you all a happy, healthy and harmonious New Year. It is with great pleasure that I can tell you that Douglas Holmes has been appointed as our permanent Executive Officer. We will be recruiting two new persons for the organisation early in the year to expand the activities of NSW CAG. There are also three positions open for carers as members and these will be advertised in the near future.

The Annual General Meeting was held in November 2002. The new office bearers elected were Chairperson Anna Saminsky, Deputy Chairperson Kerri Dissegna, Treasurer George Dibley, Secretary Mark Mc Mahon, Committee Members Laraine Toms, Joan Wakeford and Elizabeth Pemberton. I would like to take this opportunity to thank Jodie Brown and Laraine Toms for their tireless work during their terms of office as well as the office staff Douglas, Yvette, Joey, Maureen and Laura.

Robyn Murray from The Centre for Mental Health (CMH), representing Professor Raphael launched the NSW CAG Website and outlined how consumer and carer participation will continue to co-exist in NSW with the finish of the Second National Mental Health Plan in June 2003. She also detailed the many projects and working groups, which had benefited from NSW CAG's participation during the year and congratulated NSW CAG members for their valuable contributions. Robyn said the CMH looked forward to continuing the effective working partnership with NSW CAG.

Last year was an extremely hectic year so we are planning to consolidate on projects that have already been put in motion in order that our

resources are not too stretched. The one exception will be the implementation of a Resource Centre, which will involve liaising with the National Consumer Resources Participation in Melbourne.

We are working with the Mental Health Council of Australia to have the Quilt displayed at Parliament House this year. Douglas presented the Quilt Booklet to Dermot Casey in December and received a favorable response. A special thank you to Joan Wakeford and all who participated in the project to raise awareness in the community and of the National Standards for Mental Health Services but also to raise the profile of NSW CAG.

Three working groups have been established within NSW CAG to maximise members' expertise and interests in order to work more effectively. These three groups fall under three headings: Governance and Finance; Education and Training; and Policy and Research. These groups will comprise members of NSW CAG as well as other persons with expertise who will be invited to join and add their experience.

An important issue in which I have become involved is COPMI (Children of Parents With A Mental Illness). This is a national initiative three-year study to develop guidelines and principles for services and workers, and complementary resource materials for services/workers, parents and young people.

Joey Nipperess has completed his study on young people entitled 'when blue's not cool' and its intended launch is Youth Week in April 2003. This, I believe, has been a valuable contribution to NSW CAG and the community in general as young people rarely get a chance to be heard let alone taken seriously.

The first installment for the Mental Health Consumer Perceptions and Evaluations of Services (MH-CoPES) money will go into our account during January.

The Mutual Support Group has received positive feedback from CMH concerning the ongoing process of the project and has facilitated an independent panel to evaluate the proposal in early January. NSW has taken responsibility for the following three elements: research; awareness raising; and project management. This project has taken a considerable amount of NSW CAG's time and energy over the last eighteen months however; the benefits have the potential to be a vital link in developing the consumer and carer networks across NSW, as well as providing much needed support for consumers and carers statewide.

NSW CAG members, past members and the many friends of NSW CAG look forward to NSW CAG continuing to strengthen in its representation of consumers and carers in NSW during 2003.

Anna Saminsky.

“On the National Front!!!”

MHCA (Mental Health Council of Australia)

The MHCA had its Annual General meeting in November 2002. The National Private Sector Consumer and Carer Group joined the MHCA and was elected to the Board. Ms Helen Connor (National Mental Health Consumer Network) was once again elected to the Executive to represent consumers and Ms Judy Hardy (NOAC) was elected to represent Carers. Congratulations!!!

Mr Steve Morris has been employed by the MHCA as the Consumer and Carer Policy Officer and he will have an ongoing role working both with the MHCA and The National Consumer and Carer Forum. Steve visited NSW CAG late last year, as well as joining a consultation on consumer participation in NSW. We look forward to working with you in the future Steve.

NCCF (National Consumer and Carer Forum)

The NCCF last meet in October. Unfortunately I was unable to attend, but Douglas Holmes attended in my place. Out of the meeting 3 working groups have been established to facilitate the work of the NCCF. 2 of these groups have meet and a brief description of what they are doing is listed below:

1. Dual Diagnosis (Mental Health and Alcohol and Other drugs)- this group is working on developing a brochure for consumers who have dual diagnosis issues. It is early stages yet, but the content of the brochure is untended to increases consumer knowledge of:
 - their rights in relation to this issue;
 - what consumers should expect form service providers; and
 - basic information relating to dual diagnosis.

2. Consumer and Carer Participation- this group is currently reviewing and updating the Consumer and Carer Policy Template developed by the MHCA. (see www.mhca.com.au)

The next meeting of the NCCF is in March 2003.

Jodie Brown

Conference Report- Washington

Third International Conference on Family Care Washington DC October 12 – 14.

This conference on family caregiving brought together over 700 delegates from countries as diverse as Kenya, Canada, Japan, Israel, UK, Ghana, Nigeria, Pakistan, Mongolia, USA and of course Australia. There were twenty-two countries in all.

I presented a paper entitled:

Empowerment in Action: NSW Consumer Advisory Group - an Innovative Model of Family Caregiver Advocacy

In this paper I addressed the fact that without the inclusion of carer perspective into public policy and legislation attempts by mental health services to support and empower carers of people with a mental illness have been minimal at best. I described how the NSW CAG model of strategic advocacy through informed participation ensures caregiver input into policy and legislation development, implementation and evaluation.

Interestingly, there were very few actual carers present. Australia was the only country to send carer delegates, and there were couple of carers from the USA but they were present in a dual role of carer and service provider. Australia leads the way in carer participation. Indeed the very concept of carer participation, and the fact that we have mandated carer participation in mental health were concepts delegates struggled with.

It may come as a surprise to you to learn that as evidenced in the presentations at this conference Australia leads the way not only in carer participation but also in carer support. This gives you an idea how far other countries have to travel! We may have huge gaps in services and supports but ...

Despite these general observations I learned much.

Some aspects of the conference were disappointing especially the lack of papers on mental health and the fact that only Australia presented on young carers. This included a presentation by a delegation of 3 young carers from Carers NSW, including one young woman carer of a mother with a mental illness. Attendees at her presentation were in disbelief that in Australia young people cared for people with a mental illness despite the fact that the same thing must be happening unrecognised and unsupported in their own countries.

The most interesting and useful papers were those on working with employers to provide information to carers, use of the web and key points of intervention in the provision of carer support.

Presentations attended that were most useful

What works for Caregivers of People with Mental Health Problems.

This paper discussed research findings in the UK. The research question was '**What is known from the existing literature about the effectiveness and cost effectiveness of services to support carers of people with mental health problems?**'

Documents worth accessing are:

Overview Report Services to Support Carers of people with Mental Health Problems 2002; **Literature Review Report** Services to Support Carers of people with Mental Health Problems 2002; **Consultation Report** Services to Support Carers of people with Mental Health Problems 2002-12-02

All 3 documents, plus briefing paper and details of current and future research in this area can be downloaded at:

www.sdo.Ishtm.ac.uk.mentalhealthcarers.htm

The main point of difference between UK and Australia is that within the UK National Service Framework for Mental Health (1999) there is the requirement for carers to have a mental health assessment.

Baroness Pitkeathly, formerly of Carers UK, gave another excellent session. She spoke of the process she and Carers UK led to have legislation enacted that recognises and supports caregivers. She described how over the past several years the British Parliament has passed legislation (UK Carers Act) that recognises family carers for their role on the care of relatives and friends and appropriates funds for the assessments of carers' needs over and above the needs of the care recipient.

This session, combined with the sessions on carer assessment, particularly the paper on carer assessment tools an outstanding paper given by Professor Nancy Guberman from Ecole de Travail Social, University of Quebec, Montreal Canada convinced me that the only way forward for carers in Australia is to work for legislation that makes ongoing carer assessment mandatory. This assessment should include the carer's physical and mental health as well as employment barriers, financial distress, housing

problems. All impact not only on the carer's life (and length of life) but also of course on the consumer's quality of life and health.

But those of us in mental health have a lot to learn from those working in other disability areas.

Papers that were informative included:

Contact a Family: website designed as an information tool, direct access to directory and specific rare conditions, fact sheets and ability to contact other families.

www.carfamily.org.uk

www.caregiver.org

A paper directed at carers of people with cancer has much relevance for carers of people with mental illness: called **Strength for Caring Program** it focuses on assisting carers cope with emotional aspects, different stages of family development, resources and information.
www.strengthforcaring.com

The National Alliance for the Mentally Ill (NAMI) representatives gave an excellent paper on their family education program. The NAMI website is www.nami.org

My own paper was well received but the most difficulty I had was explaining the concepts of mandated carer and consumer participation, and the importance of the words themselves as they have legal significance. I was pleased I had taken time at the beginning of the paper to discuss the words I planned to use.

In conclusion I want to thank NSW CAG for enabling me to go. While it is impossible to act upon everything one learns at a conference the most important things I came away with are:

1. Firstly, pride that we have come to far in participation in Australia, despite the inconsistencies, huge gaps for rural and regional carers and the problems we still encounter with provision of services for carers for themselves above the needs of their consumer family member or friend;
2. Secondly, the determination to advocate for legislation in the model of the UK Carers Act;

3. Thirdly, the inclusion of carer assessment in the future development of MHOAT, perhaps using as a model the Canadian tool that so impressed me.

Laraine Toms

Conference report - Boston

Conference "Innovations: in Recovery & Rehabilitation: The Decade of the Person" Boston October 24-26 2002.

Boston University Center for Psychiatric Rehabilitation is sponsoring an International Conference "Innovations in Recovery & Rehabilitation: The Decade of the Person" to be held October 24-26, 2002 in Boston, Massachusetts, USA.

The Conference Themes included:

- The Process and Techniques of Recovery and Rehabilitation
- Developing Recovery-oriented/Rehabilitation Systems
- Developing Recovery-oriented/Rehabilitation Programs
- Recovery and Rehabilitation in Employment, Education, and Housing
- Personnel Development in Recovery and Rehabilitation

Conference speakers included, among others:

- William Anthony, Executive Director, Boston University Center for Psychiatric Rehabilitation;
- Patricia Deegan, Senior Director, Joshua Tree Center for Ex-patient Studies, Institute for the Study of Human Resilience;
- Marianne Farkas, Director of the World Health Organization Collaborating Center for Psychiatric Rehabilitation;
- Sally Rogers, Director of Research, Boston University Center for Psychiatric Rehabilitation.

I attended this 3-day conference last year. It was a collaboration between the Centre for

Psychiatric Rehabilitation (CPR) at Boston University, and the consumer body CONTAC (Consumer Organization and Networking Technical Assistance Centre).

The main organizing group was CPR, and I met and talked with Marianne Farkus and Sally Rodgers from the centre. I was also lucky enough to meet a number of people who run and work for CONTAC. They gave a number of informative sessions during the conference including the session I have discussed below. I especially enjoyed this session as it was concerned with capacity building to create networks at a state level. In further newsletters I will provide information on other sessions. Apart from the keynote presentation, there were 5 concurrent sessions running at all times. This made it difficult to attend everything that would be relevant, however I tried my best. I presented a paper and poster on behalf of NSW CAG.

Session:

Leadership Academy: Training for Participants in Systems Change (CONTAC)

Collective advocacy training has recently emerged as an important element in preparing consumers of mental health services to participate in the formulation of policy and implementation of services. This session provided an in depth overview of the Leadership Academy training currently being provided on a national basis by CONTAC. Representatives from some states who have utilized this training and established networks gave presentations as well.

The main purpose of CONTAC is to provide advice and technical assistance to consumer groups. I will use this term, however, there is no specific requirement that these groups consist entirely of consumers, rather, as these groups are in the initial stages of development, carers and community groups are also included (similar to the guidelines for the establishment of CAGS in Australia that NSW CAG utilized). The purpose is to train consumers within their local areas and states to become advocates and leaders, and establish networks. The national center is funded to provide a consultant to the consumer group, who will come and provide the training course for up to 25 participants (free of charge for the trainer). Training, materials and manuals are

provided, as well as other information being available from the CONTACT website.

The presentations from the 4 different states (Maine, Massachusetts, Colorado, West Virginia) were interesting, they raised many issues including barriers, funding, networking and sustainability. All had run Training Academy's (TA), utilizing members of existing networks, with local and state networks growing out of them. Graduates of these TA had then gone on to provide consumer representation at local and state levels, and at other related mental health activities.

All consumer organisations that participated spoke of how the networks that had been established through the TA were still in existence. A couple run the TA at least once a year, then bring all graduates together for a day or two once a year to update knowledge and skills and network.

Advantages for NSW CAG:

- Provides a systemized and routine training program for existing and future advocates;
- Based on the train the trainer model;
- Expands the pool of consumers that NSW CAG may draw from for members;
- Expands the pool of consumers that NSW CAG may draw from for representatives;
- Once modified it should be easily provided metro, rural and remote regions;
- Could provide an opportunity to link with AHS and existing networks, who may be interested in cost sharing to run the program in their own areas (ie. AHS supply rooms, photocopying, food and trainees, NSW CAG provides one trainer);
- May be able to be expanded to the wider disability movement

Barriers:

- Funding to support TA;
- Ongoing updating of relevant information;
- Keeping people interested;

- Not sure of any evidence base to this program.

Jodie Brown

Interim Report and Final Report of the Select Committee on Mental Health – Legislative Council

Copies of the Interim and Final reports are available on the website www.parliament.nsw.gov.au. In the last newsletter we mentioned that NSW CAG made a submission to this committee. The Interim report by the committee is titled “Mental Health Services in NSW – Interim Report”. The final report is titled “Inquiry into mental health services in New South Wales- Final Report”

The Interim report includes a chapter on the historical context going back as far as 1846 with a Select Committee on the Lunatic Asylum, Tarban Creek. The report then provides information about the Richmond Report of 1982 including its recommendations to decrease the size and number of mental hospitals. Next, information is provided about the Barclay Report of 1988, which advocated more of a balance between hospital and community care. Information is provided about the Mental Health act 1990 and also about the Burdekin Report 1993, and the Post-Barclay Report.

Chapter 3 of the Interim report is about the evidence and includes a list of the topic areas covered by those giving evidence to the select committee inquiry.

The topics and number of submissions addressing the topic were as follows (but according to the report “no conclusions should be drawn from this table with respect to order of importance of issues raised”)

Service provision (treatment and care)	163
Community care	104
Housing and homelessness	44
Forensics (including police and prisoners)	43
Aged care	21
Disability issues	20
Children and young people	19
Suicide and homicide	18
Rural and regional issues	17

Mental Illness and substance abuse	17
Indigenous and multicultural issues	16
Privacy and information	16

Douglas Holmes (executive officer for NSW CAG) spoke at the hearings on 23rd May 2002 on the following topic areas: carers and advocacy; children and young people; community care (Peter Gates also spoke on behalf of NSW CAG on this topic area); privacy and information; disability issues; funding and coordination; housing and homelessness; treatment services (including hospitals and nursing); forensic issues (including police and prisoners); and rural and regional issues.

On 7 August 2002 the select committee conducted a public forum. 73 issues were raised during the forum and these are outlined in point form in the Interim report.

Chapter 4 of the Interim report outlines the directions for the final report.

The Final report made 120

recommendations. The recommendations can be broken down into subject areas with chapters of the report devoted to areas like: mental health sector in NSW - organisation and policy; service provision, treatment and care; funding, the need for transparency; privacy, confidentiality and information; housing and homelessness; multicultural issues; indigenous issues; mental illness and substance abuse; mental illness and intellectual disability; older people; younger people, police, forensic patients and prisons.

Just a few sample recommendations include:

“That the Minister for Health ensure carers are assessed for their capacity to support people with a mental illness, are included in the planning of care programs and assisted to access support for themselves”. P66.

“That the Minister for Health and the Attorney General review the Guardianship Act 1987 with respect to people who suffer severe and/or episodic mental illness during which they are not capable of making informed consent. This review should include the possibility of enduring guardianship”. P 104

“That NSW Health, the NSW Department of Community Services, The NSW Department of Ageing,

Disability and Home Care and the NSW Department of Housing, cooperate to conduct an assertive outreach campaign that includes raising the awareness of boarding house residents and landlords about residents rights to health care, mental health care, legal services and other services relevant to their needs” P135

“That NSW Health develop and initiate a program tailored for General Practitioners to inform them of the full range of public mental health service options available to people from culturally and linguistically diverse backgrounds”. P157

“That NSW Health, in consultation with mental health services, the NSW Police Service, and other stakeholders, develop a service protocol for people with an intellectual disability and behavioral disorder who are frequently presented to mental health facilities for assessment but not admitted” P198

“That NSW Health fund and provide support for adequate places in medium to long-term rehabilitation and supported accommodation for young people requiring such support following their first episode of psychosis”. P227

The evidence given by NSW CAG was quoted numerous times throughout the report.

Consumer Participation - National Resource Centre for Consumer Participation in Health.

The following is a copy of an E-mail sent to NSW CAG from Merinda Epstein from the National Resource Centre for Consumer Participation in Health:

The National Resource Centre for Consumer Participation in Health (NRCCPH) www.participateinhealth.org.au has set up two processes to try and get really grounded consumer input into the production of our resources.

At the moment we are working very hard on re-drafting a set of very short Information Sheets. They are called:

1. An Introduction To Consumer Participation;
2. Methods Of Consumer Participation;
3. Committees That Involve Consumers;

4. Issues For Service Providers to Consider;
5. Questions To Ask Before Involving Consumers;
6. Key Resources In Consumer Participation In Health;
7. Steps To Develop A Consumer Participation Strategy

We have created two mechanisms to get direct consumer input:

1. A small Consumer Reference Group (CRG) that meets for two hours monthly and members have an opportunity to work on the text at the stage of the first draft. This group has been formed and consists of health consumers across a range of different illness contexts. It is Melbourne based.
2. An Australia-wide email Special Interest (SIG) – (Consumer) Group will also be formed. People on this list will be sent a draft of each Information Sheet as it is written. Members of this group will be invited to make comments and suggest changes

Special Interest Group (SIG):

Any consumer can join the Special Interest Group – (Consumer). It is a new group that is just forming. If you would like to be a part of this process of producing short but seminal information material on consumer participation all you have to do is go to our website (see above) and click on the line of the home page where it says ‘New Special Interest Group available with a consumer focus’. After this follow the prompts.

“There are several other Special Interest Groups and they are all about aspects of consumer participation in health but this is the first one that is exclusively designed for consumers. All consumers are encouraged to join any SIG in which they have an interest or a passion.

Please let any other consumers who have an interest in consumer participation in health know about the Consumer SIG and how to join.

Merinda Epstein

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The Black Dog Institute

Earlier last year the Premier of NSW, Mr Bob Carr announced that the Department of Health would provide funds to set up new programmes (\$1 million per year for 5 years); and \$3.2 million to renovate and extend a building at Prince of Wales Hospital, Randwick, NSW.

The title “Black Dog Institute” was decided on because that is how Winston Churchill used to describe his own severe bouts of depression.

The “Black Dog Institute” will be the umbrella organisation for the Mood Disorders Unit. Another level will be added to the existing site at Prince of Wales Hospital to house the planned projects. The aims of the Black Dog Institute include:

- Access to education and research capability via enhanced website (with cross-linkages to other websites).
- Education and training initiatives and facilities for professionals
- Establishment of an early-onset clinic
- Establishment of satellite clinics and rural community outreach programs
- Development of strategies for links to general practitioners
- Implementing a “think tank”/ “incubator” to address public health issues and develop and test new models of service access and provision
- Development of a new building at Prince of Wales Hospital, Sydney to include facilities for:
 - Clinical activities and programs
 - Telepsychiatry
 - Education and teaching
 - **A self-run Consumer Centre**

- Sessional clinicians with a special interest in depression
- Some hospital activities

The Black Dog Consumer Resource Centre will:

- Have a paid coordinator to establish the Centre and address funding issues;
- Be a comprehensive resource centre facilitated by people with a bipolar disorder;
- Act as a primary information source for people with a bipolar disorder, carers, the community and researchers; and
- Encompass material of printed, video and telecommunication and Internet modalities, particularly specialist resources and articles.

At present, there is no provision from the government to pay for setting up the Centre, so it will be necessary to attract funding for the Consumer Resource Centre in its own right. Therefore it will be necessary to have extensive volunteer participation to help set up the Centre.

Professor Gordon Parker is the Director of the Black Dog Institute and has agreed to assist with a submission.

During regular Consumer Consultation Meetings during 2002, consumers have decided that the Black Dog Consumer Resource Centre will:

- Be run by consumers;
- Foster and facilitate research: collect information relating to studies being undertaken, research into new medications and overseas developments; promote an ongoing link between the clinical staff, research staff and consumers;
- Provide information for general practitioners, particularly in country areas;
- Provide training and education for consumers;
- Initiate regular seminar programmes or meetings to set up different projects according to specific interests;
- Develop a website;
- Develop a friendly “buddy” system. (When a person is ill it can be difficult to

“get out and about”, so a system is needed whereby someone can accompany a consumer or meet them at a specific location.);

- Inaugurate regular counseling support;
- Encourage public awareness of bipolar disorder to better inform the community and alleviate stigma;
- Establish links to suicide prevention;
- Host support groups and other relevant groups

There is considerable consumer involvement in the planning of the Centre and you might like to have your say. During 2003 we will be developing the concept of the Centre further and all consumers and carers are invited to be involved. For more information about the Black Dog Institute or the Consumer Centre contact:

**Bernette Redwood, Volunteer Coordinator,
Black Dog Consumer Resource Centre
Telephone: (02) 9557 2335 E-mail:
bernette@bigpond.com**

REPORTS FROM EVENTS:

Conference, seminar and other events report

Since the last Info-Link I have had the pleasure of attending a number of conferences, seminars, and functions:

1. Disability Support Pension Forum – CARE Employment
2. TheMHS Consumer day
3. TheMHS Conference – Darling Harbour Sydney
4. A meeting regarding the 3rd national mental health plan – Leichhardt Town Hall
5. Public Forum Symposium in conjunction with the 7th biennial Australasian schizophrenia conference – Bondi Beach
6. One day (the Saturday) of the Australasian Schizophrenia Conference – Bondi Beach.
7. Mental Health Week Cricket Match

Each person who attended will have gained different things from their experiences but these are just some of my thoughts:

1. Disability Support Pension Forum. This forum was well planned and had interesting speakers including Mark McMahon from NSW CAG and Rob Lake from People with Disabilities.
2. TheMHS Consumer Day. The consumer day was well attended and the comments from the feedback have been most promising. Arts and laughs sessions were rated highly in terms of enjoyment and some of the other session including the ones about consumer participation in Australia were rated the most informative. A resolution was made at the conference: That the consumer movement of Australia whilst acknowledging the commonality of some issues with the carer/family movement state categorically: “that the consumer movement must maintain its independence while working in partnership with other stakeholders.”
3. I also attended the TheMHS Conference itself. I particularly enjoyed the variety of topics presented from scientific information about schizophrenia to drumming therapy for adolescent boys with anger problems.
4. The meeting regarding the third national mental health plan was, I thought, successful. We talked first about the improvements to the mental health system in the last 5-10 years and then about the suggestions and recommendations that would make it better.
5. Public forum and symposium. This was a free seminar aimed at letting consumers, carers and other members of the public have a chance to ask experts in the field of schizophrenia questions. It was a very interesting forum. Unfortunately, however, we didn't get to hear too much about the research as many questions addressed problems with the health system in NSW. A resolution

was put forward by the meeting as follows:

RESOLUTION

The forum concluded that:

1. There are unacceptable delays in the transfer of well-established research findings into routine practice; and
2. That it was urgent to develop implementation of cost-effectiveness research in routine services, and research capacity to evaluate service development, quality and fidelity to evidence-based interventions; and
3. That it was urgent to vastly expand the fundamental sciences research effort into serious psychiatric disorder, especially schizophrenia and bipolar disorder.

The meeting unanimously endorsed the following resolution to be put to NGOs nationally and the Mental Health Council of Australia's consultation on the Third National Mental Health Strategy:

"That Australian Commonwealth and State Governments:

1. Double the proportion of national health expenditure spent on mental health (currently about 6.5%) to be closer to OECD countries per capita expenditure in mental health
 2. Double the proportion of national medical research spent on mental health, especially targeting mental disorder where currently available treatments are relatively less effective, such as schizophrenia
 3. That this target be achieved by the end of the Third National Mental Health Strategy.
6. The Australasian Schizophrenia Conference: Saturday. I had an early start this day and arrived at 7 am for the breakfast during which a talk was given by Prof. Robert Kerwin about a

comparison study that had been done comparing Olanzapine and Clozapine in terms of their effectiveness in treating symptoms of schizophrenia and in particular suicidal tendencies. Clozapine was more successful in preventing suicidal tendencies. The main sessions followed and there was an interesting talk about vocational rehabilitation by Professor Kim Mueser and another about CBT (cognitive behavioral therapy) and schizophrenia and when people should use it (in addition to medication), by Professor Mike Startup. In the afternoon I attended the session about medical treatments and I was fascinated by some of the research including a few studies by Kulkarni et al on the use of estrogen in schizophrenia in addition to medication, and anti-estrogens in the treatment of mania. The mania study is still in progress, but both treatments have shown positive results. The final session of the day was about genetics and people's responses to medication.

7. The Mental Health Week Cricket Match. For the spectators like myself this was a very relaxing afternoon, with a free sausage sizzle, a live band, and cool drinks in the beautiful grounds of the Gladesville Hospital. Watching the cricket was also great and the Aftercare team won the match. Congratulations to them! There were approximately 300 people in attendance.

Update on the best practice guidelines for schizophrenia and bipolar affective disorder.

The schizophrenia guidelines are available now from the Schizophrenia Fellowship NSW Ph: 9879 2600.

The bipolar guidelines are awaiting publication and a second set of guidelines is being written aimed at consumers so they can read them in more friendly language.

Mind Matters Magazine

Needs Your Mind!

Many of you will already be aware of the fact that a group of volunteers has been working for 3 years to produce *Australia's first magazine dedicated to mental health issues*.

Being volunteers with other commitments is just one reason why progress has been slow, and perhaps the timing was wrong. However now that barely a day goes by without some reference to mental health issues in the newspapers, or on TV or the radio, and with the World Health Organisation stating that 1 in 5 people will experience mental illness in their lifetime, NOW is the time for Mind Matters Magazine (MMM).

MMM will be high quality, credible, quarterly subscription magazine, which will provide a national vehicle to keep the issues of mental health alive. Organizations such as CAG will be able to play a key role by providing the most up-to-date advice for consumers, their families, friends and relatives.

Nicky Cheshire, the founder of Mind Matters Magazine, has been speaking about living with bipolar disorder at forums around Sydney. One forum in West Gosford had over 500 participants - an inspiration to Nicky who believes that this magazine will provide much needed support to anyone directly or indirectly affected by mental illness, including consumers, carers, health care providers, educators and health organisations.

MMM will endeavour to:

- Broaden public discussion of mental health issues;
- Provide readily accessible and affordable education on mental health issues and services;
- Encourage early intervention and treatment to maximise mental wellbeing;
- Break down barriers and reduce the stigma associated with mental illness;
- Give hope and empowerment to those with mental illness, and their carers;

- Promote awareness of the significance of stress in the workplace and society;
- Help reduce the incidence of suicide;
- Play a part in reducing the economic and social cost to the health system, individuals and the general community

So how can YOU help? According to Nicky there are many ways. 'We need your support to make the magazine a reality.' Put your name on our database, donate your time, share your expertise (particularly in the areas of magazine production, editing, accounting or law) or support us with donations.

Mind Matters Magazine has been endorsed by the Black Dog Institute and is supported by RANZCP and Wesley Mission. It is part of a not for profit association, Mind Matters Media Inc. and is run totally by volunteers. There are currently 120 organisations and 650 individual supporters on the MMM database. Add your name to the list and learn more about the magazine on the website, <http://www.mindmattersmagazine.com.au> or contact the team by phone/fax 9365 7947 or email admin@mindmattersmagazine.com.au

Nicky Cheshire

WEB SITES OF INTEREST:

Mental Health Act 1990
www.austlii.edu.au/au/legis/nsw/consol_act/mha1990128/

(with _ between consol and act)

Mental Health Coordinating Council (MHCC)
www.mhcc.org.au

NSW Health Publications- Mental Health
www.health.nsw.gov.au/pubs/mental-health/

Transcultural Mental Health Centre
www.tmhc.nsw.gov.au

Schizophrenia Fellowship NSW
www.sfnsw.org.au

Mental Health Association NSW
www.mentalhealth.asn.au

NSW Institute of Psychiatry
www.nswiop.nsw.edu.au

Internet links (on “Internet Mental Health”)
www.mentalhealth.com/p13.html

PubMed www.ncbi.nlm.nih.gov (search here for the latest medical research).

Black Dog Institute
www.mdu.unsw.edu/connections/bdi/index.shtml

Australians working together (info about Welfare Reform)
www.together.gov.au

What is the NETWORK NSW Project?

Since the release of the National Mental Health Plan (NMHP) in 1992 there has been a major shift towards identifying mental health clients as “consumers” and family members as “carers” in mental health services. Both are stakeholders in mental health services who should have a role in influencing and directing mental health policy and service provision. From this direction the NSW Consumer Advisory Group – Mental Health inc. (NSW CAG) has evolved.

While consultation with the wider community is an important component of the planning and delivery of mental health services, the NSW Department of Health recognises that different groups of consumers and carers have specific needs which may isolate them. Contact with someone who understands their needs from personal experience can be a breakthrough for them. It can lead to them finding support and appropriate services quickly.

NSW CAG started planning NETWORK NSW in July 1998. The aim is to enhance a coordinated approach between mental health consumers, carers and NSW HEALTH to ensure that mental health services are aware of the needs of consumers and carers.

What would the role of NETWORK NSW be?

The proposed role of Network NSW is to support the development of consumer and carer participation and to:

- Provide networking support and information to mental health consumers and carers who live in NSW.
- Achieve awareness and promotion of consumer and carer initiatives in NSW

Through NSW CAG, Network NSW would offer a range of services for mental health consumers and carers including:

- A regular newsletter
- Networking contacts and support
- Links into both the State and National consumer and carer consultation processes
- A resource library
- A web page at www.nswcag.org.au

Other objectives of the project are to:

- Reach out to rural and remote consumers and carers
- Increase consumer and carer contributions to evidence-based research programs
- Support a whole of life approach which addresses the needs of specific groups, especially young, older, and indigenous consumers and carers
- Focus on outcomes and recovery.

TO JOIN NETWORK NSW PLEASE FILL OUT THE FOLLOWING FORM AND POST OR FAX IT TO NSW CAG



Network NSW Registration or Update Form

NSW Mental Health Consumers, Carers and others with an interest in mental health across NSW can apply to participate in Network NSW a NSW CAG communication strategy for developing consumer and carer involvement in mental health service policy and service provision.

By completing this form you will be placed on a listing of people interested in either actively participating in or receiving information on the development of consumer and carer participation across NSW

Please tick type of Registration required:

Consumer

Carer

Group

Other

Name: _____ Date: _____

Postal address:

Phone: _____ Fax: _____ Email: _____

Group REGISTRATION Name of Group _____

Postal address:

Phone: _____ Fax: _____ Email: _____

Group contact person: _____ - Phone No: _____

Any Comments: Use back of sheet if necessary

- Network NSW has three types of registration. There is no cost or charge involved with either registration

Full

- **Consumer:** Either current, past or eligible users of mental health services in NSW.
- **Carers:** family members or close friends who accept primary responsibility for the non-professional care of a person with mental illness.

Group

- **Groups** Any groups that have mental health consumers or carers as members or Associates

Other

- Organisations or individuals may join as other members. This will entitle people to attend **NETWORK NSW** meetings to and obtain information and attend activities.

Send information back to:
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